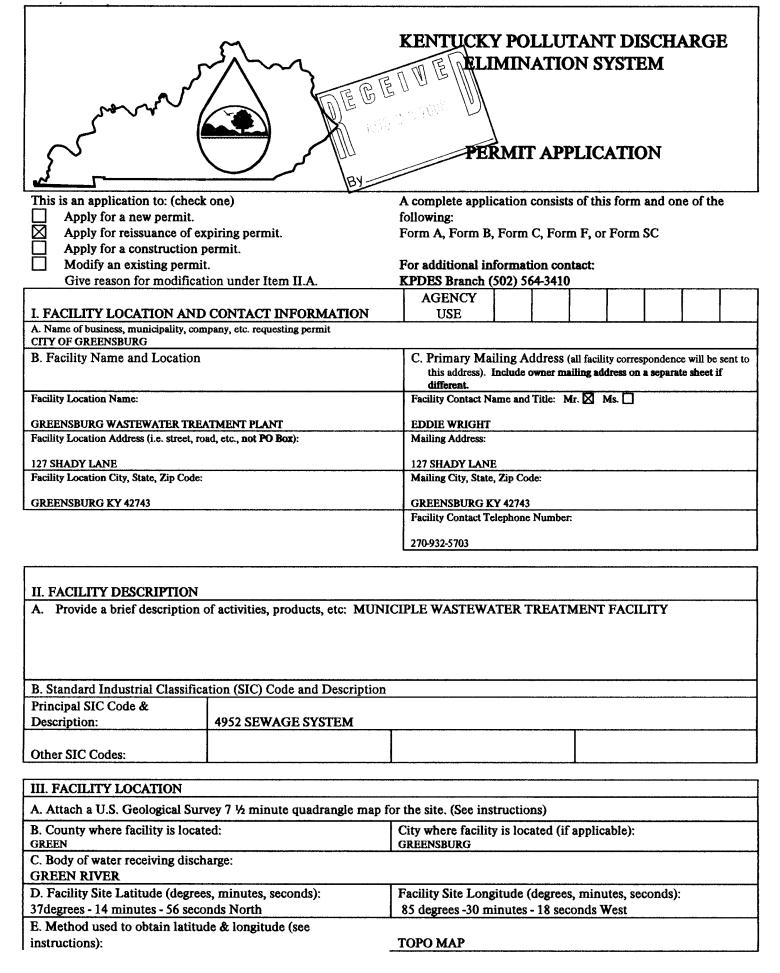


KENTUCKY POLLUTANT DISCHARGE DEGET TEMPNATION SYSTEM

	JUL 2 1 2008
	PERMIT APPLICATION
2	
This is an application to: (check one)	A complete application consists of this form and one of the
Apply for a new permit.	following:
Apply for reissuance of expiring permit.	Form A, Form B, Form C, Form F, or Form SC
Apply for a construction permit.	¥7140.0001
Modify an existing permit.	For additional information contact:
Give reason for modification under Item II.A.	KPDES Branch (502) 564-3410  AGENCY ()
I. FACILITY LOCATION AND CONTACT INFORMATION	USE U U U U U U
A. Name of business, municipality, company, etc. requesting permit Gatliff Coal Company	
B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to
	this address). Include owner mailing address on a separate sheet if different.
Facility Location Name:	Facility Contact Name and Title: Mr. Ms.
Gatliff Coal Company, Moore's Creek - DMRE Permit No. 861-5295	Roger Douglas / Engineering Department
Facility Location Address (i.e. street, road, etc., not PO Box):	Mailing Address:
Moore's Creek Road	200 Allison Blvd
Facility Location City, State, Zip Code:	Mailing City, State, Zip Code:
Dewitt, Knox County, Kentucky	Corbin, KY 40701
Dewitt, Kilox County, Kentucky	Facility Contact Telephone Number:
	606 522 4254
	606-523-4254
II. FACILITY DESCRIPTION	
A. Provide a brief description of activities, products, etc: Undergr	ound coal mine
B. Standard Industrial Classification (SIC) Code and Description	
Principal SIC Code &	
Description: 1221	
Other SIC Codes:	
III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for	the site. (See instructions)
B. County where facility is located: Knox	City where facility is located (if applicable): N/A
C. Body of water receiving discharge:	
Moore's Creek  D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
36 50 48	83 42 56
E. Method used to obtain latitude & longitude (see instructions):	topo map
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	N/A

# KPDES FORM 1



IV. OWNER/OPERATOR INFORMATI	ON					
A. Type of Ownership:    Publicly Owned   Privately Owned   Privat		Both Public and P	rivate Owned Federally owned			
B. Operator Contact Information (See in		Dotn't done and 1.	rivate Owned I educatly owned			
Name of Treatment Plant Operator:	Str dottolls)	Telephone Number:				
EDDIE WRIGHT		270-932-5703				
Operator Mailing Address (Street): 127 SHADY LANE						
Operator Mailing Address (City, State, Zip Code):						
GREENSBURG KY 42743	·	T =				
Is the operator also the owner? Yes No		Is the operator certified  Yes No	? If yes, list certification class and number below.			
Certification Class:		Certification Number:				
п		7725				
Γ	<del></del>	·				
V. EXISTING ENVIRONMENTAL PER	MITS					
Current NPDES Number:	Issue Date of Current Per	mit:	Expiration Date of Current Permit:			
   KY0023841	MARCH 1, 2006		JUNE 30, 2009			
Number of Times Permit Reissued:	Date of Original Permit Is	ssuance:	Sludge Disposal Permit Number:			
	1,777,45,4004					
Kentucky DOW Operational Permit #:	APRIL 15, 1974  Kentucky DSMRE Permi	t Number(s):	N/A			
Rentucky Dow Operational Termit ".	Rentucky Downer Termin	t i vamoci(s).				
N/A	N/A	· · · · · · · · · · · · · · · · · · ·	N/A			
Which of the following additional environments	nmental permit/registrat	tion categories will al	so apply to this facility?  PERMIT NEEDED WITH			
CATEGORY	EXISTING PER	RMIT WITH NO.	PLANNED APPLICATION DATE			
Air Emission Source	N/A					
Solid or Special Waste	N/A					
Hazardous Waste - Registration or Permi	t N/A					
VI. DISCHARGE MONITORING REPO	ORTS (DMRs)					
	ves to specifically identi	fy the name and tele	regular schedule (as defined by the KPDES ephone number of the DMR official and the			
A. DMR Official (i.e., the department designated as responsible for submitt Division of Water):	•	EDDIE WRIGHT	CHIEF OPERATOR			
DMR Official Telephone Number:		270-932-5703				
		,	mailing address in Section I.C), or es DMRs for you; e.g., contract laboratory			
DMR Mailing Name:	McCOY AND McCOY LABORATORIES					
DMR Mailing Address:	85 EAST NOEL AVEN	NUE				
DMR Mailing City, State, Zip Code:	MADISONVILLE KY	MADISONVILLE KY 42431				

### VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

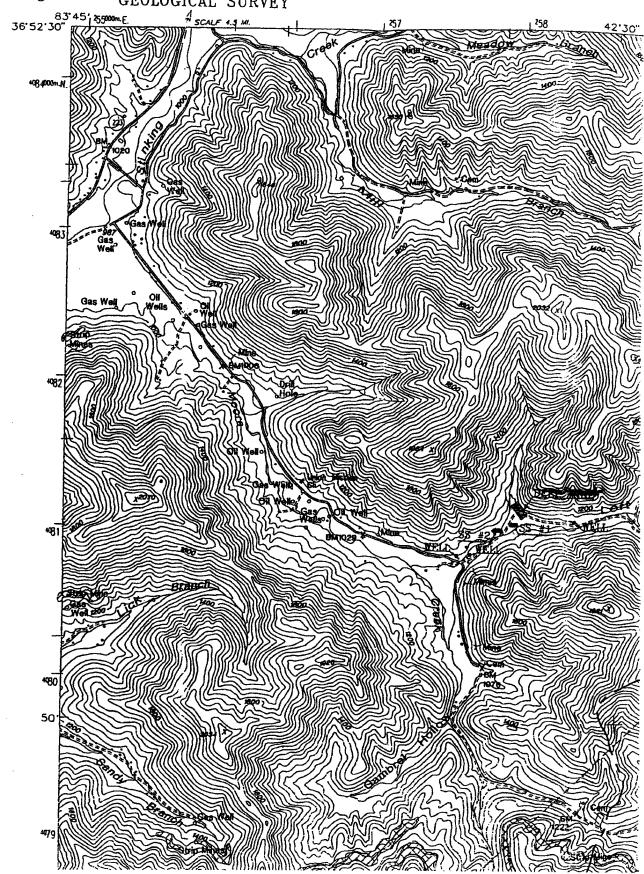
Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due)	

#### VIII. CERTIFICATION

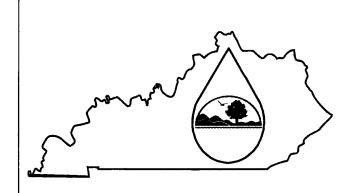
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):				
Mr. Ms. GEORGE "LISLE" CHEATHAM II MAYOR	270-932-4298				
SIGNATURE C. Pustham, I	DATE: 8/21/2008				

# UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY



# KPDES FORM C



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

#### PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Moore's Creek Underground Mine	County: Knox
	AGENCY
I. OUTFALL LOCATION	USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No.		LATITUDE			LONGITUDI			
(list)	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	RECEIVING WATER (name)	
1	36	50	39	83	43	02	Moore's Creek	
2	36	50	42	83	42	58	Moore's Creek	

#### II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO.	OPERATION(S) CONTRI	BUTING FLOW	TREATMENT		
(list)	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1	
1	underground mine drainage storm water runoff	5 gal/min 0.1 gal/min	Sedimentation (settling)	1-U	
2	storm water runoff	0.1 gal/min	Sedimentation (settling)	1-U	

1

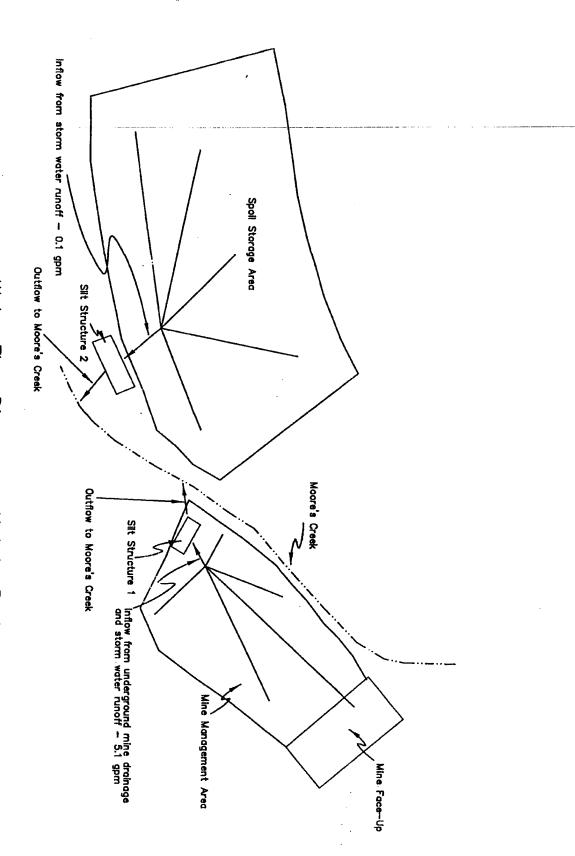
	, SOURCES OF PO						••••		
C. Except for	Yes (Complete	•	•	_		to Section III.)	termittent or se	asonal?	
<del></del>				<u></u>	7 110 (00		· · · · · · · · · · · · · · · · · · ·		
OUTFALL NUMBER	OPERATIONS CONTRIBUTING	FRI Days	EQUENCY Months	Flo	ow Rate	FLOW Total ve	olume	Duration	
TVOWIDER	FLOW	Per We			n mgd)	1	(specify with units) (in		
(list)	(list)	(specif averag	fy (specify	Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily		
								]	
								į	
		<u> </u>							
III. MAXIM	1UM PRODUCTIO	ON				**************************************			
A. Does an e	effluent guideline lin	nitation pro	mulgated by E	PA under Sec	ction 304 of the C	Clean Water Act	apply to your fa	cility?	
	•	•					-pp-5 to 50m2 to		
$\boxtimes$	Yes (Complete	item III-B)	List effluent gi	uideline categ	gory:				
	No (Go to Secti	on IV)							
B. Are the li	mitations in the app	licable efflu	ent guideline o	expressed in t	erms of producti	on (or other meas	sures of operati	on)?	
	Yes (Complete	Item III-C)	$\boxtimes$	No (Go to	Section IV)				
C. If you ar	nswered "Yes" to I	tem III-R	list the quanti	tv which ren	resents the actua	al measurement	of your maxin	um level of	
	on, expressed in the t								
· · · · · · · · · · · · · · · · · · ·	***************************************	MAXIM	IUM QUANT	ITY		<u> </u>	Affected O	utfalls	
Quantity Per	r Day Units o	f Measure		peration, Pr	oduct, Material,	Etc.	(list outfall n		
				(5	specify)		<del></del>		
IV. IMPRO	OVEMENTS								
	now required by a	ny federal,	, state or loca	l authority t	o meet any imp	olementation sch	edule for the	construction,	
	g, or operation of								
	s described in this aforcement complian							enforcement	
	Yes (Complete	the followin	ig table)	M M	lo (Go to Item IV	/_R)			
		7		<u> </u>	(00 to 10111 1	,			
	ION OF CONDITION EMENT, ETC.		ECTED OUTFA		BRIEF DESCRIPTI	ON OF PROJECT		PLIANCE DATE	
		No.	Source of Di	scharge			Required	Projected	

**B.** OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

2

VII. BIOLOGICAL TOXICI	TY TESTING DATA		· · · · · · · · · · · · · · · · · · ·	
	or reason to believe that any biolog er in relation to your discharge wit		chronic toxicit	y has been made on any of your
Yes (Identify t	he test(s) and describe their purpos	ses below)	⊠ No	(Go to Section VIII)
	· · · · · · · · · · · · · · · · · · ·			
VIII. CONTRACT ANALYS	IS INFORMATION			
Were any of the analyses reporte	d in Item V performed by a contra	ct laboratory or cons	ulting firm?	
Yes (list the na analyzed	ame, address, and telephone number by each such laboratory or firm be	er of, and pollutants elow)	$\boxtimes$	No (Go to Section IX)
NAME	ADDRESS	TELEPHO	I	POLLUTANTS
		(Area code &	number)	ANALYZED (list)
			ļ	
IV CERTIFICATION				
IX. CERTIFICATION				
with a system designed to assure	at this document and all attachme that qualified personnel properly	gather and evaluate t	he information	submitted. Based on my inquiry
submitted is, to the best of my k	anage the system, or those persons knowledge and belief, true, accura	te, and complete. I a	m aware that t	here are significant penalties for
submitting false information, inc	luding the possibility of fine and i	mprisonment for kno	wing violation	S.
NAME AND OFFICIAL TITLE	(type or print):	TELEPHO	ONE NUMBE	R (area code and number):
Robert J. Zik, Vice President of SIGNATURE	Operations	606-523-4 DATE		,
J. SIGNATORE	A	DATE	7-17	7-08
	\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		( ' '	

4



Water Flow Diagram — Not to Scale

# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES) COAL ONLY DISCHARGE MONITORING REPORT (COAL ONLY DMR)

NAME:	GATLIFF COAL CO. (20320)	KPDES NUMBER: KYG400001
ADDRESS:	P.O. BOX 39	DSMRE NUMBER: 861-5294
	NEVISDALE, KY 40754	MONITORING PERIOD: 08/01/95-08/31/95
FACILITY:	BAIN BRANCH	
LOCATION:	2 M E OF BRYANTS ST BAIN	COUNTY: KNOX

OUTFALL NO. 001	TYPE OF	TYPE OF OPERATION: Unknown!!!!!!!!!!!!										
EFFLUENT CHARACTERISTICS												
DATE	FLOW	рН	TSS	SS	ERON	IRON (TR)	Mn	ACIDITY	ALKALINITY	PRECIPITATION		
08/09/95	0.02196	8.00	2.90		0.18		0.11	-320.76	319.20			
										·		

OUTFALL NO. 01A	TYPE OF	TYPE OF OPERATION: DISCHARGES FROM UNDERGROUND WORKINGS OF UNDERGROUND MINES NS									
EFFLUENT CHARACTERISTICS											
DATE	FLOW	рН	TSS	SS	IRON	IRON (TR)	Ma	ACIDITY	ALKALINITY	PRECIPITATION	
08/09/95	0.02196	8.20	0.90		0.05		0.00	-423.83	427.12		

l certify under penalty of law that I have personally examined and am familiar with the information submitted herein. And based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. See 401 KAR 5:065 and KRS 224.99-010 (Penalties under these statutes may include fines up to \$25,000 per day of violation or by imprisonment for not less than one year and not more than five years or by both).

CLARK TAYLOR /V-P CONTROLLER

SIGNATURE

TELEPHONE

DATE

COMMENT AND EXPLANA NO FLOW: 81A	on 08/22/1995  On 08/22/1995	
		-

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND	V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)	RACTERIST	ICS (Continued fro	m page 3 of Fo	rm C)					OUTFALL NO.	2	
Part A – You must	provide the results	of at least one a	analysis for every po	llutant in this tal	Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.	ole for each outfa	II. See instructions	s for additional detail	s.			
				2. EFFLUENT				3. UNITS (specify if blank)	TS blank)	4.	4. INTAKE (optional)	
1. POLLUTANT	a. Maximum Daily Value	aily Value	b. Maximum 30-Day Value (if available)	-Day Value ible)	c. Long-Term Avg. Value (if available)	Avg. Value ible)	d. No. of	a. Concentration	b. Mass	a. Long-Term Avg. Value	vg. Value	b.
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	No of Analyses
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)	12.00 mg/l			:			1	12.00 mg/l				
e. Ammonia (as N)												
f. Flow (in units of MGD)	VALUE 0.0	0.000144 MGD	VALUE	:	VALUE .		1		MGD	VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE				°c	VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE				°c	VALUE	<u> </u>	
і. рН	MINIMUM I	MAXIMUM 9	MINIMUM	MAXIMUM			1	STAN	STANDARD UNITS			

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

requirements.						,				•				
POLLUTANT	2. MARK "X"	Κ"X"			EFI	3. EFFLUENT				UNITS		INTAKI	INTAKE (optional)	<u>-</u>
AND CAS NO.	.8	b.	a. Maximum Daily Value	ily Value	<ul><li>b. Maximum 30-Day</li><li>Value (if available)</li></ul>	0-Day lable)	<ul><li>c. Long-Term Avg.</li><li>Value (if available)</li></ul>	Avg.	d. No. of	Þ	à	a. Long-Term Avg Value	Avg	No. of
(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
a. Bromide (24959-67-9)														
b. Bromine Total														*******
Kesiquai														
c. Chloride														
d. Chlorine, Total														
Residual						i								
e. Color														
f. Fecal Coliform														
g. Fluoride (16984-48-8)														
h. Hardness (as CaCO <sub>3</sub> )	×		55.00 mg/l						<u>,                                    </u>	55.00 mg/l				
i. Nitrate – Nitrite (as N)														-
j. Nitrogen,														
Organic														
k. Oil and														
Grease						ļ								
l. Phosphorous (as P), Total														
m. Radioactivity														
(1) Alpha, Total														
(2) Beta, Total					İ									
(3) Radium Total														
(4) Radium, 226, Total														

Revised June 1999

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Believed   Believed   Believed   Believed   Believed   Believed   Believed   Concentration   Mass   Concentration   Concentration	1. POLITANT		2. MARK "X"				3. EFFLUENT				4. UNITS		INTAK	5. INTAKE (optional)	( <del>آ</del>
Believed   Concentration   Mass   Concentration   Mass   Concentration   Mass   Concentration   Mass   Concentration   Mass   Concentration   Concentration   Concentration   Concentration   Mass   Concentration   Concent	And CAS NO.	<b>S</b>	P'	a. Maximum Dail	v Value	b. Maximum 3 Value (if avai	0-Day lable)	c. Long-Tern Value (if ava	1 Avg. llable)	d. No. of	ņ	<u>.</u>	a. Long-Term Avg. Value	. Value	No. of
X 30.00 mg/l	(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
×	n. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	×		30.00 mg/l						1	30.00 mg/l				
Sulfite (as SO <sub>4</sub> ) (14286-46-3)  Surfactants  Aluminum, Total (7429-90)  Barium, Total (7440-39-3)  Boron, Total (7440-42-8) (7440-48-4)  Iron, Total (7439-86-6)  Magnesium Total (7439-96-4)  Molybdenum Total (7439-96-6)  Manganese, Total (7439-96-6)  Tin, Total (7439-96-6)  Tin, Total (7440-31-5)  Titanium, Total (7430-96-6)  Titanium, Total (7431-96-6)  Titanium, Total (7430-96-6)  Titanium, Total															
×															
×		:			Į.										
×	r. Aluminum, Total (7429-90)						,								
×	s. Barium, Total (7440-39-3)									:					
×	t. Boron, Total (7440-42-8)														
Iron, Total (7439-89-6)  Magnesium Total (7439-96-4)  Molybdenum Total (7439-98-7)  Manganese, Total (7439-96-6)  Titanium, Total (7440-31-5)  Titanium,	u. Cobalt, Total (7440-48-4)														
5) (j) m		Х		0.15 mg/l						1	0.15 mg/l				
S) S) X	w. Magnesium Total (7439-96-4)														
9 9 3 x	x. Molybdenum Total (7439-98-7)														
9)	y. Manganese, Total (7439-96-6)	×		0.30 mg/l						-	0.30 mg/l				
aa. Titanium, Total	ا. ا														
(74/0.23.6)	aa. Titanium, Total														

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the Testing Required column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X: in the Believed Absent column for each pollutant you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements. 8

No.   P.   P.   P.   P.   P.   P.   P.		ļ	2. MARK "X"		2. 1. MARK "X"		1	3.				4. UNITS		5. INTAKE (optional)	optional)	
Tresting   Believed   Believed   Characteristico   Characteristi	POLLUTANT And CAS NO.		'n	b.	'n		b. Maximum 3	0-Day	c. Long-Term	Avg.	Ģ	a.	Þ.	a. Long-Term Avg V		y of
Required   Present   Absent   COD   COD   COD   Mass   COD   COD		Testing	Believed	Believed	Maximum Daily	Value	Value (if avai	lable)	Value (if avail:	able)	No. of	Concentration	Mass			ılyses
ANIDE AND TOTAL PHENOLS  -0.001 mg/1  X  -0.001 mg/1	(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			<u> </u>	(2) Mass	
1	METALS, CYAN	IDE AND T	OTAL PHE	NOLS											_	
0.001 mg/1	1M. Antimony															
	Total										•					
0   X	(7440-36-0)	×			<0.001 mg/1						1	<0.001 mg/1				
CO.001 mg/l	2M. Arsenic,															
0.001 mg/1	Total (7440-38-2)	×			<0.001 mg/l						1	<0.001 mg/l				
m	3M. Beryllium															
m	1 otal (7440-41-7)	×			<0.001 mg/l						1	<0.001mg/l				
1	4M. Cadmium															
um     \$\frac{1}{2}\text{VOLUMP}\$      9)     X       0.001 mg/l     1      8)     X       \$\frac{1}{2}\text{V}\$     \$\frac{1}{2}\text{O.001 mg/l}\$       \$\frac{1}{2}\text{V}\$     \$\frac{1}{2}\text{V}\$       \$\frac{1}	Total	<			\0 001 <del></del> /1						_	<0.001 mg/l				
1-9) X 0.001 mg/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SM Chromium	>			. Am room											
1.1) X < 0.001 mg/l	Total	<			0.001 mg/l							0.001 mg/l				
1-48) X < 0.001 mg/l	6M. Copper	;			o d											
-8    X	Total										•					
-1) X < 0.001 mg/l	(7550-50-8)	×			<0.001 mg/1						-	<0.001 mg/1				
-1) X < 0.001 mg/l	7M. Lead Total															
y  -6) X	(7439-92-1)	X			<0.001 mg/l						-	<0.001 mg/1				
-6) X 0.0019 mg/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8M. Mercury															
2-0) X 0.009 mg/l 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(7439-97-6)	×			0.0019 mg/l						-	<0.0019 mg/l				
X 0.009 mg/l 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9M. Nickel,															
X 0.001 mg/1 1	(7440-02-0)	×			0.009 mg/l						_	0.009 mg/l				
-2) X 0.001 mg/1 1	10M. Selenium,															
-0) X < 0.001 mg/1	(7782-49-2)	×			0.001 mg/l						1	0.001 mg/l				
X <0.001 mg/1	11M. Silver,															
	Total (7440-28-0)	×			<0.001 mg/l						1	<0.001 mg/1				

Part C - Continued		2.				3.				4.		5.	tional
POLLUTANT			-			BEEFECTIFE			<u>.</u>	,	7	a. I one Term Ave Vel	
And CAS NO.	a. Testing	a. Believed	b. Believed	a. Maximum Daily Value	y Value	b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)	No. of	a. Concentration	Mass	erm Avg v	<u> </u>
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) (Concentration M	) ISS C	(1) (2) Concentration Mass				(1) (Concentration M	(2) Analyses Mass
METALS, CYANIDE AND TOTAL PHENOLS (Continued)	DE AND TO	OTAL PHE	NOLS (Cont	inued)				1					
12M. Thallium,													
<b>.</b> (-)	X			<0.001 mg/l					_	<0.001 mg/1			
_													
<u> </u>	4			0001					<u>.</u>	/0 001 mg/l			
	X			<0.001 mg/1					<u></u>	-0.001 118/1			
Total													_
5)	X			<0.01 mg/1					1	<0.01 mg/1			
15M. Phenols,													
Total	×			0.007 mg/l					<b>—</b>	0.007 mg/l			·
DIOXIN				(									
2,3,7,8 Tetra-													
chlorodibenzo,				DESCRIBE RESULTS:	SULTS:								
(1784-01-6)				DESCRIBE RES	SULTS:								
GC/MS FRACTION - VOLATILE COMPOUNDS	N – VOLA	TILE COM		DESCRIBE RES	SULTS:								
IV. Acrolein			POUNDS	DESCRIBE RES	SULTS:	-						_	
(8-70-/01)			POUNDS	DESCRIBE RES	SULTS:								
2V.			POUNDS	DESCRIBE RES	SULTS:								
(107-13-1)			POUNDS	DESCRIBE RES	SULTS:								
3V. Benzene			POUNDS	DESCRIBE RE	SULTS:								
7. Bromoform			POUNDS	DESCRIBE RES	SULTS:								
75 25 2			POUNDS	DESCRIBE RES	SULTS:								
(75-25-2)			POUNDS	DESCRIBE RES	SULTS:								
(75-25-2) 6V. Carbon Tetrachloride			POUNDS	DESCRIBE RES	SULTS:								
(75-25-2) 6V. Carbon Tetrachloride (56-23-5)			POUNDS	DESCRIBE RE	SULTS:								
(75-25-2) 6V. Carbon Tetrachloride (56-23-5) 7V. Chloro-			POUNDS	DESCRIBE RE	SULTS:								
75-25-2) 7. Carbon 7. Carbon 8. Carbon 8. Carbon 8. Chloro- 8. Por			POUNDS	DESCRIBE RES	SULTS:								
(75-25-2) 6V. Carbon Tetrachloride (56-23-5) 7V. Chloro- benzene (108-90-7) 8V.			POUNDS	DESCRIBE RES	SULTS:								
(75-25-2) 6V. Carbon Tetrachloride (56-23-5) 7V. Chloro- benzene (108-90-7) 8V. Chlorodibro-			POUNDS	DESCRIBE RES	SULTS:								

Part C - Continued		2.					ω				4.			5.	
<b>:</b>		MARK "X"				EFFI	EFFLUENT				UNITS		INTAK	INTAKE (optional)	
POLLUTANT And CAS NO.	,	po .		, <u>p</u>		b. Maximum 30-Day	-Day	c. Long-Term Avg.	Vg.	Z c.	a.	Mass	Long-Term Avg Value	; Value	No. of Analyses
(if available)	Required	Present	Absent	(1) (2) Concentration Mass	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
9V.															
Chloroethane (74-00-3)			×												
10V. 2-Chloro-															
ethylvinyl Ether			×												
11V.															_
Chloroform															
(67-66-3)			×												
12V. Dichloro-															
bromomethane			×												
14V. 1,1-															
Dichloroethane			<												
15V. 1.2-															
Dichloroethane															
(107-06-2)			×												
16V. 1,1-															
(75-35-4)			×						į						
17V. 1,2-Di-															
chloropropane (78-87-5)			×												
18V. 1,3-															
Dichloropro-			<del>~</del>												
(452-75-6)															
19V. Ethyl-															
benzene (100-41-4)			×												
20V. Methyl															
Bromide	•		≺												
(74-83-9)			×		-										

Part C - Continued	ed						•				^			Λ	
<b>-</b>	ы	2. MARK "X"				EFFL	3. EFFLUENT				UNITS		INTAKE	INTAKE (optional)	
And CAS NO.	ā	ភ	Þ.	2		b. Maximum 30-Day	-Day	c. Long-Term Avg.	Avg.	d.		<b>X</b> 5.	a. Long-Term Avg. Value	Value	D. No. of
(if available)	Required	Present	Absent	(1) (2) Concentration Mass		(1)	(2) Mass	(1)	(2) Mass	Analyses			(1) Concentration	(2) Mass	
21V. Methyl															
Chloride (74-87-3)			×												
22V. Methylene															
Chloride															
(75-00-2)			×												
23V. 1,1,2,2-															
ethane	*		×												
(79-34-5)															
24V.															
Tetrachloro-			<			-									
ethylene			>												
(12, 10, 1)															
25V. Toluene (108-88-3)			×												
26V. 1,2-Trans-															
Dichloro-			<												
(156-60-5)		-	,												
27V. 1,1,1-Tri-															
chloroethane			<												
(71-55-6)			×		-										
28V. 1,1,2-Tri-					•										
chloroethane			×												
29V. Trichloro-															
ethylene		•	•												
(79-01-6)			×												
30V. Vinyl															-
Chloride			<												
(75-01-4)			×												

Part C - Continued	ied										_		'n	
-	>	2. MARK "X"				EFFI.	3. EFFLUENT				UNITS		INTAKE (optional)	
POLLUTANT And CAS NO.	1	B. 4.	b.	a.	Valua	b. Maximum 30-Day	-Day	c. Long-Term Avg. Value (if available)	Avg.	No. of	a. Concentration	b. Mass	a. Long-Term Avg Value	No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) (2) Concentration Mass	
GC/MS FRACTION - ACID COMPOUNDS	ION - ACID (	COMPOUN	DS											
1A. 2-Chloro- phenol														
(95-57-8)			×											
2A. 2,4- Dichlor-														
Orophenol		_	×											
3A.									-					
vlpheno!			×											
(105-67-9)			;											
4A. 4,6-Dinitro-														
(534-52-1)			X											
5A. 2,4-Dinitro-														
(51-28-5)			X											
6A. 2-Nitro-														
phenol (88-75-5)			Х											
7A. 4-Nitro-					,									
(100-02-7)			X											
8A. P-chloro-m-														
(59-50-7)			X											
9A.														
phenol			×											
(8-88-5)														
10A. Phenol			×											
11A. 2,4,6-Tri-														
chlorophenol			×											
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS	ION - BASE/	NEUTRAL	COMPOUN	DS										
1B. Acena-														
phthene (83-32-9)			×											

Part C - Continued	ď													
<b>:</b>	l-yed	2. MARK "X"				EFFL	3. EFFLUENT				UNITS		INTAKE (optional)	onal)
POLLUTANT And CAS NO.	'n	'n	à	'n		b. Maximum 30-Day	-Day	c. Long-Term Avg.	rvië.	٩	in in	, <del>.</del>	a. Long-Term Avg Value	
(if available)	Required	Present	Absent	∤₹		(1) (2	(2)	(1)	(2)	Analyses			(1) (2) Concentration Mass	
CC/MS FRACTION - RASE/NEUTRAL COMPOLINDS (Continued)	N - RASE/	NEITRAL	COMPOLIN	Ļ	172000		111111111111111111111111111111111111111	-  -						
2B. Acena-	Jan Bra storm													
phtylene (208-96-8)			×											
3B. Anthra-														
cene (120-12-7)			×											
4B.														
Benzidine (92-87-5)			×		1									
5B. Benzo(a)-														
anthracene			≺											
6B. Benzo(a)-														
pyrene (50-32-8)			X											
7B. 3,4-Benzo-														
fluoranthene			×											
8B. Benzo(ghl)														
perylene (191-24-2)			×											
9B. Benzo(k)-														
(207-08-9)			×											
10B. Bis(2-														
oethoxy)-		*,	×									•		
methane (111-91-1)														
11B. Bis														
(2-chlor-			<											
Ether			,											
12B. Bis														
(2-ethyl-			×											
phthalate														
(117-81-7)														

Part C - Continued	ed												
<del></del>		2. MARK "X"				EFF	3. EFFLUENT			4. UNITS		INTAKE (optional)	
POLLUTANT And CAS NO.	Testing.	Rolieved	b. Believed	a. Maximum Daily Value	Value	b. Maximum 30-Day Value (if available)	0-Day	c. Long-Term Avg. Value (if available)	d. No. of	a. Concentration	b. Mass	a. Long-Term Avg Value	No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) (2) Concentration Mass	Analyses			(1) (2) Concentration Mass	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)	ON – BASE/I	NEUTRAL	COMPOUN	DS (Continued)				4					
13B. 4-Bromo-													
Phenyl ether			×										
14B. Butyl-													
benzyl			1										
phthalate (85-68-7)			×										
15B. 2-Chloro-													
naphthalene			×										
16B. 4-Chloro-													
phenyl phenyl ether			×										
(7005-72-3)													
17B. Chrysene			×										
18B. Dibenzo-													
(a,h) Anthracene			×										
(53-70-3)													
19B. 1,2-													
benzene			×										
(95-50-1)			,										
20B. 1,3-													
Benzene			×										
(541-73-1)													
21B. 1,4-													
Dichloro-			<										
(106-46-7)			^										
22B. 3,3-													
Dichloro-			<										
(91-94-1)			>										
23B. Diethyl													
(84-66-2)			×										
(0,000)			;										

Part C - Continued	ed										4		\$	
-	7	2. MARK "X"				EFFL	EFFLUENT				UNITS		INTAKE (optional)	
And CAS NO.	Testino	a. Relieved	b. Relieved	a. Maximum Daily Value	Value	b. Maximum 30-Day Value (if available)	-Day	c. Long-Term Avg. Value (if available)	Avg.	No. of	a. Concentration	b. Mass	a. Long-Term Avg. Value	No. of Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) (2) Concentration Mass	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)	ON - BASE/	NEUTRAL	COMPOUN	DS (Continued)										
24B. Dimethyl Phthalate														
(131-11-3)			>											
butyl Phthalate														
(84-74-2)			×											
26B. 2.4-Dinitro-														
toluene (121-14-2)			×											
27B.														
toluene			×											
28B. Di-n-octyl														
(117-84-0)			×											
29B. 1,2-														
hydrazine (as			×											
azonbenzene) (122-66-7)														
30B.														
fluoranthene (208-44-0)			X											
31B. Fluorene														
(86-73-7)			×											
32B. Hexachloro-														
benzene (118-71-1)			×	-										
33B. Hexachloro-														
butadiene (87-68-3)			X											
34B.														
Hexachloro- cyclopenta-			×					_						
diene (77-47-4)									•					

Part C - Continued	POLLUTANT And CAS NO. a. Testing	(if available) Required	GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)	35B. Hexachlo-	(67-72-1)	36B. Indneo-	(1,2,3-oc)-	Pyrene (193-39-5)	37B.	Isophorone (78-59-1)	38B.	Napthalene (91-20-3)	39B.	Nitro-	benzene (98-95-3)	40B. N-Nitroso-	dimethyl-	amine (62-75-9)	41B.	N-nitrosodi-n-	propylamine (621-64-7)	42B. N-nitro-	3' . [	sodipnenyi-	amine (86-30-6)	sodipnenyi- amine (86-30-6) 43B. Phenan-	amine (86-30-6) 43B. Phenan-threne (85-01-8)	soutpnenyt- amine (86-30-6) 43B. Phenan- threne (85-01-8)	soutpnenyt- amine (86-30-6) 43B. Phenan- threne (85-01-8) 44B. Pyrene (129-00-0)	soutpnenyt- amine (86-30-6) 43B. Phenan- threne (85-01-8) 44B. Pyrene (129-00-0) 45B. 1,2,4 Tri- chloro-
2. MARK "X"			BASE/NEUTRA					•									-													
3	b. Believed		L COMPOUN		×		∢	>		×		×		*	×		<del></del>	>			×			×		×		×		
	a. Maximum Daily Value	(1) Concentration	DS (Continued)																											
ļ	Value	(2) Mass																,												
NAG.	b. Maximum 30-Day Value (if available)	(1) Concentration																												
3. EFFLUENT	0-Day lable)	(2) Mass															•													
	c. Long-Term Avg. Value (if available)	(1) Concentration																												
	Avg.	(2) Mass							-																					-,-
	d. No. of	Analyses																												-
4. UNITS	a. Concentration																													
	b. Mass																								·					
IATNI	a. Long-Term Avg Value	(1) Concentration																												
5. INTAKE (optional)	vg Value	(2) Mass												-																
al)	b. No. of Analyses																	-												

Part C - Continued	led.										^			-	
<u>-</u>		2. MARK "X"				EFF	3. EFFLUENT				UNITS		INTAKE (optional)	S (option	<u>[a]</u>
POLLUTANT And CAS NO.	ë.	'n	Ď.	<b>2</b>		b. Maximum 30-Day	)-Day	c. Long-Term Avg.	νœ		2.	<b>b</b> .	a. Long-Term Avg Value	Value	
	Testing	Believed	Beheved	Maximum Daily Value	alue	value (II avail	abie)	RITRAR II) ANIRA	(are)	Anglyses	Concent atton	141400	(1)	9	1
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	Mass	Analyses			(1) Concentration	Mass	-
GC/MS FRACTION - PESTICIDES	ION - PESTI	CIDES		4 1				-							-
15P. Endrin															
Aldehyde (7421-93-4)			X												┼—
16P Heptachlor (76-44-8)			×												<del> </del>
17P. Heptaclor															
Epoxide (1024-57-3)			×												
ion non 1242															
(53469-21-9)			X												
					w <i>aza</i>										
19P. PCB-1254 (11097-69-1)			X												7
20P PCB-1221															
(11104-28-2)			×												1
21P. PCB-1232			<												
22P. PCB-1248			<												
23P. PCB-1260 (11096-82-5)			×												
24P. PCB-1016			×												
25P. Toxaphene			<												

these pages. (See instructions) PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)	EFFLUENT CH	ARACTERISTI	ICS (Continued fr	om page 3 of For	m C)					OUTFALL NO.	1	
Part A – You must p	provide the results	of at least one a	nalysis for every p	ollutant in this tab	Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.	le for each outfal	1. See instructions	for additional detail	s.			
				2. EFFLUENT				3. UNITS (specify if blank)	TS blank)	4.	4. INTAKE (optional)	
1. POLLUTANT	a. Maximum Daily Value	Daily Value	b. Maximum 30-Day Value (if available)	0-Day Value lable)	c. Long-Term Avg. Value (if available)	vg. Value ble)	d. No. of	a. Concentration	b. Mass	a. Long-Term Avg. Value	vg. Value	b.
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	No of Analyses
a. Biochemical     Oxygen Demand			·									
: CIII												
Oxygen Demand (COD)												
H												
c. 10tal Organic Carbon (TOC)												
d. Total Suspended												
201100 (100)	7.00 M.C.E.							7.00 MAG/E				
e. Ammonia (as N)												
f. Flow (in units of MGD)	VALUE	.007	VALUE		VALUE		1		MGD	VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE				ိင	VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE				°င	VALUE		
S	MINIMUM 6	MAXIMUM 9	MINIMUM	MAXIMUM			1	STANI	STANDARD UNITS			
: P11												

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT	2. MARK	2. MARK "X"			HOI.	3.				4.		INTAK	6.	-
AND CAS NO.	æ	b.	a. Maximum Daily Value	ly Value	b. Maximum 30-Day Value (if available)	0-Day able)	c. Long-Term Avg. Value (if available)	1 Avg.	d. No. of	20	7	a. Long-Term Avg	Avg	N p.
(if available)	Believed Present	Believed Absent	(1)	(2) Mass	(1)	(2)	(1)	<b>X</b> (2)	Analyses	Concentration	Mass	(1)	3	Analyses
a. Bromide														
(24959-67-9)										g				!
b. Bromine														
Residual														
c. Chloride														
d. Chlorine,														
Total Residual														
e Color														
f. Fecal Coliform														
g. Fluoride (16984-48-8)														
h. Hardness (as CaCO <sub>3</sub> )	x		60 MG/L						1	60 MG/L				
i. Nitrate – Nitrite (as N)												:		
j. Nitrogen, Total														
Organic (as N)			<del></del>											
k. Oil and Grease														
1. Phosphorous (as P), Total							i							
m. Radioactivity												_	-	
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium Total														
(4) Radium, 226, Total														

1. POLLUTANT	2. MARK "X"	K "X"			EH	3. EFFLUENT				4. UNITS		INTAKI	5. INTAKE (optional)	
And CAS NO.	9	7	a. Maximum Daily Value	v Valua	b. Maximum 30-Day	30-Day	c. Long-Term Avg.	1 Avg.	d.	20	-	a. Long-Term Avg. Value	Value	No. of
(if available)	Believed Present	Believed Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses	Concentration	Mass	(1) Concentration	(2) Mass	Analyses
n. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	×		30.00 mg/l						1	30.00 mg/l				
o. Sulfide (as S)														
p. Sulfite (as SO <sub>4</sub> ) (14286-46-3)														
q. Surfactants														
r. Aluminum, Total (7429-90)														
s. Barium, Total (7440-39-3)														
t. Boron, Total (7440-42-8)														
u. Cobalt, Total (7440-48-4)														
v. Iron, Total (7439-89-6)	Х		0.15 mg/l						1	0.15 mg/l				
w. Magnesium Total (7439-96-4)														
x. Molybdenum Total (7439-98-7)														
y. Manganese, Total (7439-96-6)	X		0.50 mg/l						1	0.50 mg/l				
z. Tin, Total (7440-31-5)														
aa. Titanium, Total														

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the Testing Required column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Mark "X: in the Believed Absent column for each pollutant you believe to be absent. If you mark either the Testing Required or Believed Present columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

OHE MORE (AH SEVEN	pages) for ea	CII OULIAII. S	ee instruction	one lable (all seven pages) for each outfall. See instructions for additional details and requirements.	ails and rec		•								
<b>:</b>	Pag (	2. MARK "X"				EFF	3. EFFLUENT				UNITS		INTAKE	3. INTAKE (optional)	
POLLUTANT And CAS NO.	æ	Þ	ь.	<b>p</b>		b. Maximum 30-Day	0-Dav	c. Long-Term	Avg.	d.	ລ.	b.	a. Long-Term Avg Value	Value	No. of
	Testing	Believed	Believed	Maximum Daily Value	Value	Value (if available)	able)	Value (if available)	able)	No. of	Concentration	Mass			Analyses
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS	IDE AND TO	OTAL PHE	NOLS												
1M. Antimony															
Total (7440-36-0)	×			<0.001 mg/l						<b>-</b>	<0.001 mg/l				
$\rightarrow$	!			,											
Total (7440-38-2)	×			<0.001 mg/l						1	<0.001 mg/l				
3M. Beryllium															
(7440-41-7)	X			<0.001 mg/l						_	<0.001mg/l				
4M. Cadmium Total															
(7440-43-9)	×			<0.001 mg/l						1	<0.001 mg/l				
5M. Chromium Total										-		,			
(7440-43-9)	X			0.001 mg/l						_	0.001 mg/l				
6M. Copper Total															
(7550-50-8)	X			<0.001 mg/l							<0.001 mg/l				
7M. Lead Total															
(7439-92-1)	×			<0.001 mg/l						_	<0.001 mg/l				
8M. Mercury														u	
(7439-97-6)	X			0.0019 mg/l						1	<0.0019 mg/1				
9M. Nickel,															
(7440-02-0)	X			0.009 mg/l						1	0.009 mg/l				
10M. Selenium,															
(7782-49-2)	X			0.001 mg/l							0.001 mg/l				
11M. Silver,															
(7440-28-0)	X			<0.001 mg/l						-	<0.001 mg/l				

Part C - Continued	ed														
1.		2. MARK "X"		:		EFF	3. EFFLUENT				UNITS		INTAKE (optional)	(optional)	
And CAS NO.	'n	Þ	è	'n		b. Maximum 30-Day	0-Day	c. Long-Term	Avg.	۴	'n	<u>.</u>	a. Long-Term Avg Value	alue	è
	Testing	Believed	Believed	13	Value	Value (if available)	able)	Value (if available)	able)	No. of	Concentration	Mass			No. of
(if available)	Required	Present	Absent	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) A Mass	Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)	NIDE AND T	OTAL PHE	NOLS (Cont	inued)											
12M. Thallium,						:									
1 otal (7440-28-0)	×			<0.001 mg/l						_	<0.001 mg/l				
13M. Zinc,													:		
(7440-66-6)	×			<0.001 mg/l						-	<0.001 mg/l				
14M. Cyanide,															
(57-12-5)	×			<0.01 mg/l						1	<0.01 mg/l				
15M. Phenols, Total										·					
	×			0.007 mg/l						1	0.007 mg/l				
NIVOIG															
chlorodibenzo,				DESCRIBE RESULTS:	JL1S:										
P, Dioxin (1784-01-6)															
GC/MS FRACTION - VOLATILE COMPOUNDS	ON - VOLA	TILE COM	OUNDS						-					-	
1V. Acrolein															
(107-02-8)															
2V.															
Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)												··········			
5V. Bromoform (75-25-2)															
6V. Carbon						-									
Tetrachloride (56-23-5)														····	
7V. Chloro-															
benzene (108-90-7)															
8V.															
Chlorodibro-															
momethane															

Part C - Continued	ed														
1.		2. MARK "X"				EFF	3. EFFLUENT				4. UNITS		INTAK	5. INTAKE (optional)	
POLLUTANT		,	r			: N.F	,	, I am Town			<b>,</b>	7	8.	Valua	
Allu CAS NO.	Testing	Believed	D. Believed	a. Maximum Daily Value	y Value	D. Maximum 30-Day Value (if available)	lable)	c. Long-Term Avg. Value (if available)	Avg. able)	No. of	Concentration	Mass	Long-Term Avg value	, value	Analyses
(if available)	Required	Present	Absent	(1)	(2)	(1)	(2)	(1)	3	Analyses			(1)	(2)	
Ve				Concentiation	CCBTAT	Concentiation	171.633	Concentiation	COMMA				Concentiation	171000	
Chloroethane															
(74-00-3)			×												
10V. 2-Chloro-															
ethylvinyl Ether (110-75-8)			×												
11V.															
Chloroform (67-66-3)			×												
12V. Dichloro-															
bromomethane			<												
14V. 1.1-															
Dichloroethane									·						
(75-34-3)			×												
15V. 1,2-															
Dichloroethane (107-06-2)			×												
16V. 1,1-															
Dichlorethylene			<												·
17V. 1,2-Di-															
chloropropane (78-87-5)			× 												
18V. 1,3-															
Dichloropro-			<b>:</b>												
pyrene (452-75-6)			*												
19V. Ethyl-															
(100-41-4)			×												
20V. Methyl															
(74-83-9)			×												

30V. Vinyl Chloride (75-01-4)	29V. Trichloro- ethylene (79-01-6)	28V. 1,1,2-Tri- chloroethane (79-00-5)	27V. 1,1,1-Tri- chloroethane (71-55-6)	26V. 1,2-Trans- Dichloro- ethylene (156-60-5)	25V. Toluene (108-88-3)	24V. Tetrachloro- ethylene (127-18-4)	23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)	22V. Methylene Chloride (75-00-2)	21V. Methyl Chloride (74-87-3)	And CAS NO. (if available)	POI I ITANT	Part C - Continued
										a. Testing Required		ued
			-							a. Believed Present	2. MARK "X"	
X	X	X	×	×	X	×	×	X	×	b. Believed Absent		
										Maximum Daily Value (1) (2) Concentration Mass		
										y Value (2) Mass		
										b. Maximum 30-Day Value (if available) (1) (2) Concentration Max	EFFI	
										D-Day able) (2) Mass	3. EFFLUENT	
										Concentration  C. Long-Term Avg.  Value (if available)  (1)  (2)  Concentration Ma		
										Avg. able) (2) Mass		
:										d. No. of Analyses		
										a. Concentration	4. UNITS	
										b. Mass		
										Long-Term Avg. Value (1) (2) Concentration Mass	INTAKE	
										(2) Mass	5. INTAKE (optional)	
										No. of Analyses	7	

Part C - Continued	ed														
		2. MARK "X"				EFFI	3. EFFLUENT				UNITS		INTAKI	5. INTAKE (optional)	1
And CAS NO.	, p	. in		, <u>p</u>	-	b. Maximum 30-Day	)-Day	c. Long-Term Avg.	Avg.	ę.	<b>2</b>	Ģ	a. Long-Term Avg Value	Value	No. of
(if available)	Required	Present	Absent	(1) (2) Concentration Mass	(2)	(1) (2 Concentration Ma	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	•
GC/MS FRACTION - ACID COMPOUNDS	ON – ACID (	COMPOUN	DS												
1A. 2-Chloro-															
(95-57-8)			×												
2A. 2,4-						:							,		
Orophenol			×												
(120-83-2)						i									
3A. 2,4-Dimeth-															
ylphenol (105-67-9)			×												
4A. 4,6-Dinitro-															
o-cresol (534-52-1)			×												
5A. 2,4-Dinitro-															
(51-28-5)			X												
6A. 2-Nitro-															
(88-75-5)			X			i									
7A. 4-Nitro-		•													
(100-02-7)			X												
8A. P-chloro-m-															
(59-50-7)			X												
9A. Pentachloro-										والمراس					
phenol (87-88-5)			×												
10A. Phenol															
(108-05-2)			X												
11A. 2,4,6-Tri-								• •							
(88-06-2)			X												
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS	ION - BASE/	NEUTRAL	COMPOUN	DS											
1B. Acena-															
(83-32-9)			X												

12B. Bis (2-ethyl-hexyl)- phthalate (117-81-7)	11B. Bis (2-chlor- oisopropyl)- Ether	10B. Bis(2-chlor-oethoxy)-methane (111-91-1)	perylene (191-24-2) 9B. Benzo(k)- fluoranthene (207-08-9)	7B. 3,4-Benzo-fluoranthene (205-99-2) 8B. Benzo(ghl)	6B. Benzo(a)- pyrene (50-32-8)	5B. Benzo(a)- anthracene (56-55-3)	4B. Benzidine (92-87-5)	3B. Anthra- cene (120-12-7)	2B. Acena- phtylene (208-96-8)	(if available) Required Present Absent (1)  COMS EBACTION - BASEIVELTERAL COMPOLINDS (Continued)	POLLUTANT And CAS NO.	Part C - Continued  1.
										Required	a. Testing	
										Present	a. Believed	2. MARK "X"
×	X	X	X	×	X	X	X	×	X	Absent	b. Believed	
									Commission		a. Maximum Daily Value	
										-	Value	
										(1) Concentration	b. Maximum 30-Day Value (if available)	EFFI
										(2) Mass	)-Day ible)	3. EFFLUENT
					i					(1) Concentration	c. Long-Term Avg. Value (if available)	
										(2) Mass	Avg. able)	
										Analyses	d. No. of	
											a. Concentration	4. UNITS
											b. Mass	
										(1) Concentration	a. Long-Term Avg Value	INTAK
										(2) Mass	g Value	5. INTAKE (optional)
											b. No. of Analyses	

Part C - Continued	ed														
<u>.</u>		2. MARK "X"				EFF	3. EFFLUENT				UNITS		INTAK	NTAKE (optional)	
POLLUTANT And CAS NO.	- 1	عوا	ъ.	, <b>1</b>	,	b. Maximum 30-Day	-Day	c. Long-Term	Avg.		, <u>s</u> .	, p	a. Long-Term Avg Value	g Value	No. of
(if available)	Required	Present	Absent	(1) (2) Concentration Mass	(2)	(1) (2) Concentration Ma	(2)	(1) (2) Concentration Mass	(2) Mass	Analyses		į	(1) Concentration	(2) Mass	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)	ON - BASE/	NEUTRAL	COMPOUN	DS (Continued)											
13B. 4-Bromo-															
phenyl Phenyl ether			×												
(101-55-3)			;												
14B. Butyl-															
benzyl							-								
phthalate (85-68-7)			×												
15B. 2-Chloro-															
naphthalene (7005-72-3)			×												
16B. 4-Chloro-															
phenyl phenyl ether			×												
(7005-72-3)															
17B. Chrysene		·	<												
18B. Dibenzo-															
(a,n) Anthracene			×												
(53-70-3)			*												
19B. 1,2- Dichloro-															
benzene (95-50-1)			×												
20B. 1,3-															
Benzene			×					-							
21B. 1,4-															
benzene			×												
22B. 3.3-															
Dichloro-			•												
benzidene (91-94-1)			×												
23B. Diethyl															
(84-66-2)			×												

Part C - Continued	ed														
<b>.</b>		2. MARK "X"				EFFL	3. EFFLUENT				4. UNITS		INTAKE	5. INTAKE (optional)	<u> </u>
And CAS NO.	Total	D a	Þ.		Wal-	b. Maximum 30-Day	-Day	c. Long-Term Avg.	Avg.	e.	2.	Ď Þ.	a. Long-Term Avg. Value	. Value	No. of
(if available)	Required	Present	Absent	(1) (2) Concentration Mass	(2) Mass	(1) (2) Concentration Ma	(2) Mass	(1) Concentration	(2) Mass	Analyses			(1) Concentration	(2) Mass	•
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (Continued)	ON - BASE/	NEUTRAL (	COMPOUN	DS (Continued)											
24B. Dimethyl															
(131-11-3)			×				,								
25B. Di-N-															
(84-74-2)			×												
26B.															
toluene (121-14-2)			×												
27B. 2,6-Dinitro-															
toluene (606-20-2)			×												
28B. Di-n-octyl Phthalate			<b>;</b>												
(11/-04-0)			>												
29B. 1,2- diphenyl-															
hydrazine (as			×												
azonbenzene) (122-66-7)															
30B.															
Fluoranthene (208-44-0)			X												
31B. Fluorene			<											<u>-</u>	
32B.			;												
Hexachloro- benzene			×												
(118-71-1)															
33B. Hexachloro-															
butadiene (87-68-3)			×												
34B.															
Hexachloro- cyclopenta-			×												
diene															
(1/4/4)															

b. Long-Term Avg Value  Mass  (1)  Concentration Mass	Part C - Continued		2.					y.			4.			5.5	
Mode   Federing   Belleved   Belleved   Hasinum Bulty Value	1.		AARK "X"			-	EFF	LUENT			UNITS		INTAKE	(optional)	
District   Define   Defined   Defined   Maximum Daily Value   (Value (Invaliable)   No. of Concentration   Max   (U)   (2)	and CAS NO.	'n	Þ	Ď.	ħ		b. Maximum 30	0-Day	c. Long-Term Avg			Б	Long-Term Avg	Value	No. of
ROCTION - DANSE/NEUTRAL COMPOUNDS (Constitued)   1/2   Convenient	(if amailable)	Testing	Believed	Believed	Maximum Daily V	alue	Value (if avail	able)	Value (if available			Mass		9	Analyses
RACTION - BASE/NEUTRAL COMPOUNDS (Continued)    Continue	(if available)	Required	Present	Absent			(1) oncentration	Mass		ss	ies		(1) Concentration	Mass	
St. Hexachio-   Cocinities	C/MS FRACTIO	DN - BASE/I	NEUTRAL	COMPOUN		<del></del>			1 1						
e e e iii-n- iro- iro- iro- iro- iro- iro- iro- iro	5B. Hexachlo-														
e e e ii-n- iroso- iros	roethane			<											
troso- Ii-n- ne ne	5B. Indneo-			;						_					
troso- Ii-n- ne ne Tri-	,2,3-oc)-														
troso- troso- Tri-	yrene			×											
e e e lii-n- lii	7B.														
troso- li- ne ne	ophorone			<b>.</b>											
troso- li-n- ne ne ne	(8-39-1)			>			į								
troso- li-n- ne ne	anthalene														
troso- troso-  Ii-n- ne ne ne	1-20-3)			×											
troso- troso- li-n- ne e	9B.						i					-			
troso- troso- li-n- ne e	itro-			<											
troso- lii-n- ne ne ne ne Tri-	N8-95-3)			;											
li-n- ne ne Tri-	)B. N-Nitroso-													-	
ne an-	methyl-														
li-n- ne ne an- an- Tri-	nine			×											
oodi-n- mine  nitro- nyl- nyl- enan-  enan-  8)  3)  7,4 Tri-	12-73-9)														
mine mine mitro- nyl- nyl- senan- enan- enan- 8) 3,4 Tri-	B.														
mitro- nyl- solution    solution    nyl- solution    s	-III USUUI-II-			<					-				*****		
nitro- nyl- 5) 6) 8) 8) 7.4 Tri-	opylamine 21-64-7)			<b>&gt;</b>											
nyl- 5) enan- 8) 3 7,4 Tri-	2B. N-nitro-					_									
5) enan- enan- 3) 3) 3) 7,4 Tri-	diphenyl-														
enan- enan- enan- 8) 8) 7,4 Tri-	nine			×											
enan- enan- 8) 7.4 Tri-	0-30-6)														
3) rene -(0) 2,4 Tri-	B. Phenan-														
rene -0) 2,4 Tri-	(5-01-8)			×											
rene 0) 2,4 Tri-															
9,4 Tri-	4B. Pyrene 29-00-0)			×					177						
	SB. 1,2,4 Tri-														
	iloro-			<b>!</b>											
				×											

1. MARK "X" EF  POLLUTANT And CAS NO.  a. a. b. Believed Believed Believed Maximum Daily Value (If available) Required Present Absent (1) (2) (1)  GC/MS FRACTION – PESTICIDES  SP. Endrin Aldehyde  MARK "X"  B. Maximum Daily Value Value (If available) Concentration Mass Concentration  EF  Concentration Maximum Daily Value (If available) Concentration Mass Concentration	30-Day ailable) Mass	c. Long-Term Avg. Value (if available)  (1)  Concentration  Mass		d. No. of Analyses	UNITS  a.  Concentration	b. Mass	INTAKE (optional)
b.  Believed Maximum Daily Value ent Absent (1) (2)  Concentration Mass C	30-Day ailable) (2) Mass	C. Long-Term A Value (if availa (1) Concentration		d. No. of Analyses	a. Concentration	b. Mass	
ent Absent (1) (2) Concentration Mass C	(2) Mass	Value (if availa (1) Concentration		No. of Analyses	Concentration	Mass	Long-Term Avg Value
ent Absent (1) (2) Concentration Mass C	Mass	(1) Concentration	<u> </u>	Analyses		_	
		┨╏					(1) Concentration
in							
	_						
(1421-954) X			_				
16P Heptachlor							
X			_				
aclor							
(1024-57-3) X							
.1747							
(53469-21-9) X							
19P. PCB-1254		· • • • • • • • • • • • • • • • • • • •					
(11097-69-1) X							
20P. PCB-1221							
(11104-28-2) X							
21P. PCB-1232 (11141-16-5) X							
22P. PCB-1248 (12672-29-6) X			.,				
50							
24P. PCB-1016 (12674-11-2) X				***			
25P. Toxaphene (8001-35-2) X							

# GATLIFF COAL

July 17, 2008

Vickie L. Prather, Acting Supervisor Inventory and Data Management Section KPDES Branch Division of Water Frankfort Office Park 14 Reilly Road Frankfort, Kentucky 40601

RE: Gatliff Coal Company KPDES No. KY0101401 DSMRE #861-5295

### Dear Madam:

Please find enclosed the reissuance fee of \$240.00 as required for the above referenced KPDES permit. It should be noted that this mine site has not been disturbed and accordingly no results of effluent discharge monitoring can be provided. The reason for the delay in submitting the required forms and the reissuance fee is the notice was sent to wrong address. We don't have any immediate plans to open the mine site and will not disturb the site until all required permits have been acquired and regulations are met. Please contact me at 606-549-6227 if there are any questions.

Sincerely,

Roger Douglas
Gatliff Engineering

Roger Douglas

Enclosures C: file



Morgan Elliston Office Support Supervisor Surface Water Permits Branch Division of Water Frankfort Office Park 14 Reilly Road Frankfort, Kentucky 40601



RE: Gatliff Coal Company KPDES No. KY0101401 DSMRE #861-5295 AI ID: 2543

### Dear Madam:

Please find enclosed the requested sections of Form C completed to the best of our knowledge for the purposed sediment structures 1 and 2. I have also enclosed a copy of a DISCHARGE MONITORING REPORT from a nearby underground mine that should be representative of discharges from this purposed mine site. The outfall No. 001 on the DMR provided is representative of outfall NO. 2 of this permit, and outfall No. 01A is representative of outfall No. 1 of this permit. It should be noted that this mine site has not been disturbed and accordingly no results of effluent discharge monitoring can be provided, but actual samples will be submitted upon activation of permit. We don't have any immediate plans to open the mine site and will not disturb the site until all required permits have been acquired and regulations are met. Please contact me at 606-549-6227 if there are any questions.

Sincerely,

Roger Douglas
Gatliff Engineering

Enclosures C: file

Morgan Elliston Office Support Supervisor

Surface Water Permits Branch Division of Water Frankfort Office Park 14 Reilly Road Frankfort, Kentucky 40601

RE: Gatliff Coal Company KPDES No. KY0101401 DSMRE #861-5295

AI ID: 2543

### Dear Madam:

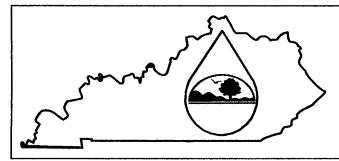
Please find enclosed the requested sections of Form C returned in a deficiency letter dated August 11, 2008, completed to the best of my knowledge with estimates of concentrations and other information requested. It should be noted that this mine site has not been disturbed and accordingly no results of effluent discharge monitoring can be provided. All information provided on these forms are estimates and not taken from actual samples. Please contact me at 606-549-6227 if there are any questions.

Sincerely,

Roger Douglas
Gatliff Engineering

Enclosures C: file

## KPDES FORM A



### KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch (502) 564-3410.

· · · ·	AGENCY				
APPLICATION OVERVIEW	USE				
		 	 41	 	

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

#### **BASIC APPLICATION INFORMATION:**

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

### **SUPPLEMENTAL APPLICATION INFORMATION:**

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)** 

BA	SIC APPLICATI	ON INFOR	MATION		
PAR	T A. BASIC APPLIC	ATION INFO	RMATION FOR ALL AP	PLICANTS:	
	***************************************	<del></del>	· · · · · · · · · · · · · · · · · · ·	s Basic Application Information page	:ket.
A.1.	Facility Information.				
	Facility name	Greensburg W	astewater Treatment Plant		
	Mailing Address	127 Shady Lar	ne		
	_	Greensburg Ky	42743		
	Contact person	Eddie Wright			
	Title	Director			
	Telephone number	270-932-5703			
	Facility Address	127 Shady Lar	ne		
	(not P.O. Box)	Greensburg Ky	42743		
<b>A.2.</b>	Applicant Information	n. If the applican	at is different from the above	e, provide the following:	
	Applicant name			er er 1900 de er er en med en er er elle er er en belæren er er er elle er er en belæren er er er er er er er	norman and the second of the s
	Mailing Address				
	Contact person Title Telephone number				
	Is the applicant the o	<u> </u>	or (or both) of the treatment operator ding this permit should be of applicant	nt works? lirected to the facility or the applicant.	
A.3.	Existing Environmen works (include state-is		ovide the permit number of a	any existing environmental permits tha	at have been issued to the treatment
	NPDES KY002384	<b>!</b> 1		PSD	
	UIC			Other	
	RCRA	*	· · · · · · · · · · · · · · · · · · ·	Other	in the second state of the
<b>A.4</b> .				alities and areas served by the facility. tion system (combined vs. separate) a	
	Name		Population Served	Type of Collection System	Ownership
	City of Greensburg		2396	Separate	Municipal
	Total pop	ulation served	2396		

, in	dian Country.					
a.	Is the treatment works located in Indian Cou	intry?				
	Yesx No					
b.	Does the treatment works discharge to a recthrough) Indian Country?	ceiving water that is eit	her in Indian Country or t	hat is upstream from	m (and eventual	y flows
	YesxNo					
av	ow. Indicate the design flow rate of the treatn verage daily flow rate and maximum daily flow ith the 12th month of "this year" occurring no n	rate for each of the las	t three years. Each year	's data must be bas	nandie). Also pr sed on a 12-mon	o <b>vide the</b> Ith time pe
8.	Design flow rate75 mgd	i				
	-	Two Years Ago	Last Year	This Y	ear	
b.	Annual average daily flow rate	.46 mgd	.57 mgd	.50 mg	ıd	mgd
C.	Maximum daily flow rate	1.83mgd	2.65 mgd	2.46 m	ıgd	mgd
	•					
	ollection System. Indicate the type(s) of collection (by miles) of each.	ection system(s) used l	by the treatment plant. C	check all that apply.	Also estimate t	he percent
	x Separate sanitary sewer			100		%
	Combined storm and sanitary sewer					_ %
_	-					
Di	ischarges and Other Disposal Methods.					
a.	Does the treatment works discharge effluen	t to waters of the U.S.?	•	x Yes		_ No
	If yes, list how many of each of the following	types of discharge po	ints the treatment works	uses:		
	i. Discharges of treated effluent				_1	, ,
	ii. Discharges of untreated or partially trea	ted effluent				
	iii. Combined sewer overflow points					
	iv. Constructed emergency overflows (prior	r to the headworks)				
	v. Other					
b.	Does the treatment works discharge effluen	t to basins, ponds, or o	other surface impoundme	ents	x	
	that do not have outlets for discharge to wat	ters of the U.S.?		Yes		_ No
	If yes, provide the following for each surface	impoundment:				
	Location:					
	Annual average daily volume discharged to	surface impoundment(	(s)	· · · · · · · · · · · · · · · · · · ·	mgd	
	ts discharge continuous or	intermitt	ent?			
Ç.	Does the treatment works land-apply treater	d wastewater?		Yes	<u> x</u>	_ No
	If yes, provide the following for each land ar	oplication site:				
	Location:					
	Number of acres:					
	Annual average daily volume applied to site	:	Mg	d		
	Is land application continue	ous or in	termittent?			
d.	Does the treatment works discharge or tran-	enort treated or untreat	ed wastewater to anothe	r	X	

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).
If transport is by a party other than the applicant, provide:
Transporter name:
Mailing Address:
Contact person:
Title:
Telephone number:
Name:  Mailing Address:
Contact person:
Title:
Telephone number:
If known, provide the NPDES permit number of the treatment works that receives this discharge.
Provide the average daily flow rate from the treatment works into the receiving facility.
Does the treatment works discharge or dispose of its wastewater in a manner not included in  A.8.a through A.8.d above (e.g., underground percolation, well injection)?  Yes  No
If yes, provide the following for each disposal method:
Description of method (including location and size of site(s) if applicable):
Annual daily volume disposed of by this method:

### **WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

	escription of Outfall.	04						
a.	Outfall number	01						
b.	Location	(City or town, if a	nnlicable)				(Zip Code)	
		Greensburg	фрисацие)				42743	
		(County) Green					(State) Ky	
		(Latitude)37 deg	rees 15 minutes	23 seconds Nort	ħ			degrees 30 minutes 18 seconds
C.	Distance from shore (i	f applicable)		n/a		ft.		
d.	Depth below surface (	if applicable)		n/a		_ ft.		
<b>e</b> .	Average daily flow rate	•		.40		mgd		
f.	Does this outfall have periodic discharge?	either an intermitte	ent or a		_ Yes	×	No (	go to A.9.g.)
	If yes, provide the folk	owing information:			_	,		
	Number of times per y	rear discharge occ	ırs:				<del></del>	
	Average duration of ea	ach discharge:					<del></del>	
	Average flow per disci	harge:					mgd	
	Months in which disch	arge occurs:					<del></del>	
g.	. Is outfall equipped wit	h a diffuser?			_ Yes	<u> </u>	No	
0. De	escription of Receiving	Waters.						
8.	Name of receiving wa	ter <u>Gre</u>	en River		,			
b.	Name of watershed (if	f known)	-	n/a				
	United States Soil Co	nservation Service	14-digit waters	hed code (if k	nown):	_n/	'a	
C.	Name of State Manag	ement/River Basin	(if known):		n/a			
	United States Geologi	ical Survey 8-digit I	nydrologic cata	loging unit cod	de (if know	n):	n/a	
d.	Critical low flow of rec		plicable):	<b>-9</b>	•-		-£-	
		cfs				c		
•	Total hardness of rece	eiving stream at crit	tical low flow (it	applicable):		mg	y/I of CaCO3	

A.11. Description of								
a. What level	of treatment a	re provided? (	Check all that a	pply.				
	Primary		K Seco	ondary				
·	Advanced		Othe	r. Describe:				
b. Indicate th	following remo	oval rates (as a	applicable):					
Design B	DD removal or	Design CBOD	) <sub>removal</sub>		90-	<u> </u>	%	
Design S	S removal		•		90-	+	%	
Design P	removal				<del></del>		<del></del>	
•					90-		<u> </u>	
Design N	iétiioasi							
Other							%	
c. What type	of disinfection is Chlorination	s used for the	effluent from th	nis outfall? If disi	nfection varies	by season, pl	ease describe.	
If disinfect	on is by chloring	ation, is dechlo	orination used t	for this outfall?		x Ye	es	No
d Door the A	eatment plant h	ave post aera	ition?			<u>х</u> Үе	es	No
A.12. Effluent Testi parameters. F <u>discharged</u> . I collected thro	rovide the indi to not include ugh analysis c	cated effluen information on onducted usi	it testing requi on combined s ing 40 CFR Pa	ired by the perm sewer overflows rt 136 methods	nitting author in this section, In addition,	ity <u>for each o</u> on. All inform this data mus	utfail through wh ation reported m st comply with Q	<u>ich effluent is</u> ust be based on data VQC requirements o
A.12. Effluent Testi parameters. F discharged. I collected thro 40 CFR Part 1 minimum, effl Outfall number	rovide the indi to not include ugh analysis c 36 and other a uent testing da	cated effluen information on onducted usi ppropriate Q/	it testing requi on combined s ing 40 CFR Pa A/QC requirem ased on at lea	ired by the permisewer overflows rt 136 methods nents for standa st three sample	nitting author in this section, In addition, and methods f as and must b	ity <u>for each o</u> on. All inform this data mus or analytes no ee no more th	utfall through wh ation reported m st comply with Q ot addressed by 4 an four and one-l	ich effluent is ust be based on data VQC requirements o 10 CFR Part 136. At a naif years apart.
A.12. Effluent Testi parameters. F discharged. I collected thro 40 CFR Part 1 minimum, effl Outfall number	rovide the indi to not include ugh analysis c 36 and other a uent testing da	cated effluen information of conducted usi ppropriate Q/ ata must be b	it testing requi on combined s ing 40 CFR Pa A/QC requirem ased on at lea	ired by the perm sewer overflows rt 136 methods nents for standa	nitting author in this section, In addition, and methods f as and must b	ity <u>for each o</u> on. All inform this data mus or analytes no ee no more th	utfall through wh ation reported most st comply with Q ot addressed by 4	ich effluent is ust be based on data VQC requirements o 10 CFR Part 136. At a naif years apart.
A.12. Effluent Testi parameters. F discharged. I collected thro 40 CFR Part 1 minimum, effl Outfall number	rovide the indi to not include ugh analysis c 36 and other a uent testing da	cated effluen information of conducted usi ppropriate Q/ ata must be b	it testing requi on combined s ing 40 CFR Pa A/QC requirem ased on at lea	ired by the permisewer overflows rt 136 methods nents for standa st three sample	nitting author in this section, In addition, and methods f as and must b	ity <u>for each o</u> on. All inform this data mus or analytes no ee no more th	utfall through wh ation reported m st comply with Q ot addressed by 4 an four and one-l	ich effluent is ust be based on data VQC requirements o 10 CFR Part 136. At a naif years apart.
A.12. Effluent Testi parameters. F <u>discharged</u> . I collected thro 40 CFR Part 1 minimum, effl Outfall number	rovide the indi to not include ugh analysis c 36 and other a uent testing da	cated effluen information of conducted usi ppropriate Q/ ata must be b	t testing requion combined sing 40 CFR Pa A/QC requirem ased on at lea	ired by the permisewer overflows rt 136 methods nents for standa st three sample  M DAILY VALUE	nitting author in this section, In addition, and methods f as and must b	ity <u>for each o</u> on. All inform this data mus or analytes no ee no more th	utfall through whation reported mest comply with Qoot addressed by an four and one-left (ERAGE DAILY V	ich effluent is ust be based on data VQC requirements of 10 CFR Part 136. At an alf years apart.
A.12. Effluent Testi parameters. F <u>discharged</u> . I collected thro 40 CFR Part 1 minimum, effl Outfall number	rovide the indi to not include ugh analysis c 36 and other a uent testing da	cated effluen information of conducted usi ppropriate Q/ ata must be b	t testing requion combined sing 40 CFR Pa VQC requiremased on at lea	ired by the permisewer overflows rt 136 methods nents for stands st three sample  M DAILY VALUE  Units	nitting author in this section, In addition, and methods f as and must b	ity <u>for each o</u> on. All inform this data mus or analytes no ee no more th	utfall through whation reported mest comply with Qoot addressed by an four and one-left (ERAGE DAILY V	ich effluent is ust be based on data VQC requirements of 10 CFR Part 136. At an alf years apart.
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A.12. Effluent Testi parameters. F discharged. I collected thro 40 CFR Part 1 minimum, effl Outfall number PA pH (Minimum)	rovide the indiction not include ugh analysis case and other auent testing date.	cated effluen information of conducted usi ppropriate Q/ ata must be b	MAXIMUI Value 6.53 7.00	ired by the permisewer overflows rt 136 methods nents for stands st three sample  M DAILY VALUE  Units  s.u.  s.u.	nitting authors in this section. In addition, and methods it is and must be	ity for each o	utfall through whation reported mist comply with Qot addressed by an four and one-liverage DAILY Volumes	ich effluent is ust be based on data VQC requirements of the CFR Part 136. At an alf years apart.  ALUE  Number of Sample
A.12. Effluent Testi parameters. F discharged. I collected trace 40 CFR Part 1 minimum, effl Outfall number PA pH (Minimum) pH (Maximum) Flow Rate Temperature (Winter	rovide the indiction not include ugh analysis case and other auent testing date.  RAMETER	cated effluen information c onducted usi ppropriate Q/ ita must be b	MAXIMUI Value 6.53 7.00 1.20 n/a n/a	ired by the permisewer overflows In 136 methods In	nitting authors in this section. In addition, and methods it is and must be	ity for each o	utfall through whation reported mist comply with Qot addressed by an four and one-liverage DAILY Volumes	ich effluent is ust be based on data VQC requirements of the CFR Part 136. At an alf years apart.  ALUE  Number of Sample
A.12. Effluent Testin parameters. Findischarged. In collected through the collected thro	covide the indiction not include ugh analysis case and other auent testing description of the control of the co	cated effluen information conducted usi ppropriate Q/ ita must be b  01  output  mum and a ma  MAXIM	MAXIMUI Value 6.53 7.00 1.20 n/a	ired by the permisewer overflows rt 136 methods nents for stands st three sample  M DAILY VALUE  Units  S.u.  s.u.  mgd	nitting authors in this section. In addition, and methods it is and must be	ity for each o on. All inform this data mus or analytes no e no more the	utfall through whation reported mist comply with Qot addressed by an four and one-liverage DAILY Volumes	ich effluent is ust be based on data VQC requirements of the CFR Part 136. At an alf years apart.  ALUE  Number of Sample
A.12. Effluent Testing parameters. Findischarged. In collected through the collected through through the collected through the colle	covide the indiction not include ugh analysis case and other auent testing description of the control of the co	cated effluen information conducted usi ppropriate Q/ ita must be b  01  output  mum and a ma  MAXIM	testing requion combined sing 40 CFR Pa A/QC requirem ased on at lea  MAXIMUI  Value  6.53  7.00  1.20  n/a  n/a  ximum daily value  IUM DAILY	ired by the permisewer overflows rt 136 methods nents for stands st three sample  M DAILY VALUE  Units  S.u.  s.u.  mgd	nitting authors in this section. In addition, and methods is and must be sectionally and must be sec	ity for each o on. All inform this data mus or analytes no e no more the	utfall through whation reported mist comply with Qot addressed by an four and one-life (ERAGE DAILY V/Units)  ANALYTICAL METHOD	ich effluent is ust be based on data WQC requirements of IO CFR Part 136. At a half years apart.  ALUE  Number of Sample  Cont.
A.12. Effluent Testing parameters. Findischarged. In collected through the collected through through the collected through the collected through through the collected through through the collected through the collected through the collected t	ovide the indiction not include ugh analysis of the control of the	cated effluen information conducted usi peropriate Q/ ita must be b  01  num and a ma  MAXIM DISC  Conc.	MAXIMUI Value 6.53 7.00 1.20 n/a ximum daily value Units	ired by the permisewer overflows It 136 methods It	nitting authors in this section. In addition, and methods it is and must be seen and must b	ity for each oon. All inform this data mustor analytes need no more the alue.  All information and the alue and the alue.  CHARGE  Number of	utfall through whation reported mist comply with Qot addressed by an four and one-life (ERAGE DAILY V/Units)  ANALYTICAL METHOD	ich effluent is ust be based on data WQC requirements of IO CFR Part 136. At a half years apart.  ALUE  Number of Sample  Cont.
A.12. Effluent Testin parameters. Findischarged. I collected throat CFR Part 1 minimum, effluent PA  Dutfall number  PA  pH (Minimum)  pH (Maximum)  Flow Rate  Temperature (Winter Temperature (Sumn * For pH pleas POLLUT	ery or a minin	cated effluen information conducted usi peropriate Q/ ita must be b  01  num and a ma  MAXIM DISC  Conc.	MAXIMUI Value 6.53 7.00 1.20 n/a ximum daily value Units	ired by the permisewer overflows It 136 methods It	nitting authors in this section. In addition, and methods it is and must be seen and must b	ity for each oon. All inform this data mustor analytes need no more the alue.  All information and the alue and the alue.  CHARGE  Number of	utfall through whation reported mist comply with Qot addressed by an four and one-life (ERAGE DAILY V/Units)  ANALYTICAL METHOD	ich effluent is ust be based on data WQC requirements of IO CFR Part 136. At a half years apart.  ALUE  Number of Sample  Cont.
A.12. Effluent Testin parameters. Findischarged. I collected through the collected throu	eryon a minin	oated effluen information conducted usi ppropriate Q/ ita must be boot  01  num and a ma MAXIM DISC Conc.	MAXIMUI Value 6.53 7.00 1.20 n/a n/a ximum daily value Units	ired by the permitted by the permitted by the permitted with 136 methods in the sample of the sample	nitting authors in this section. In addition, and methods it is and must be seen and must b	ity for each o on. All inform this data mus or analytes no e no more the AV /alue  CHARGE  Number of Samples	ation reported mest comply with Quot addressed by an four and one-life the comply with Quot addressed by an four and one-life the comply with Quot addressed by an four and one-life the complete the co	ich effluent is ust be based on data WQC requirements of IO CFR Part 136. At a half years apart.  ALUE  Number of Sample  Cont.
A.12. Effluent Testis parameters. F discharged. I collected thro 40 CFR Part 1 minimum, effs Outfall number PA  pH (Minimum) pH (Maximum) Flow Rate Temperature (Winter * For pH pleas	or ovide the indiction of include ugh analysis of the indiction of the ind	num and a ma  MAXIM DISC Conc.	MAXIMUI Value 6.53 7.00 1.20 n/a n/a ximum daily value Units	ired by the permitted by the permitted by the permitted with 136 methods in the sample of the sample	nitting authors in this section. In addition, and methods it is and must be seen and must b	ity for each o on. All inform this data mus or analytes no e no more the AV /alue  CHARGE  Number of Samples	ation reported mest comply with Quot addressed by an four and one-life the comply with Quot addressed by an four and one-life the comply with Quot addressed by an four and one-life the complete the co	ich effluent is ust be based on data WQC requirements of IO CFR Part 136. At a half years apart.  ALUE  Number of Sample  Cont.

YOU MUST COMPLETE

BAS	SIC	APPLICATION INFORMATION
PAR'	ГВ.	ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).
All ap	plica	nts with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).
B.1.	Infl	ow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration002
	Brie	fly explain any steps underway or planned to minimize inflow and infiltration.
B.2.	This	ographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. If map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the rearea.)
	a.	The area surrounding the treatment plant, including all unit processes.
		The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
	C.	Each well where wastewater from the treatment plant is injected underground.
		Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
	e.	Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
		If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
1	back chlor	ess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all up power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, ination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily rates between treatment units. Include a brief narrative description of the diagram.
B.4.	Ope	ration/Maintenance Performed by Contractor(s).
	Are a	any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a ractor?Yesx_No
		s, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional se if necessary).
	Nam	e:
	Maili	ng Address:
	Tele	phone Number:
	Resp	onsibilities of Contractor:
1	unco treat	eduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or impleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the ment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 ach. (If none, go to question B.6.)
;	9.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
		n/a
ı	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
		YesxNo

c If the answer to E	3.5.b is "Yes," b	netty describe, inc	duding new m	aximum daily inflo	w rate (if applicab	le). 	
applicable. For it	mprovements p	ompliance schedu lanned independe curately as possit	ently of local, S	al dates of comple State, or Federal ag	tion for the impler gencies, indicate p	nentation steps listed planned or actual con	d below, as npletion dates, as
		Schedule	!	Actual Completic	on		
Implementation S	Stage	MM / DD	/	MM / DD / YYYY	<u>(</u>		
- Begin construc	tion		,		_		
- End construction	on		'				
- Begin discharg	e		,		_		
- Attain operation	nal level		· · · · · · · · · · · · · · · · · · ·		_		
e. Have appropriate	e permits/cleara	nces concerning of	other Federal/	State requirements	s been obtained?	Yes	No
Describe briefly:							
	<del></del>				<del></del>		
B.6. EFFLUENT TESTING							
Applicants that disch testing required by th sewer overflows in th methods. In addition	ne permitting au his section. All i h, this data musi	nformation reported to comply with QAV	ed must be ba QC requireme	sed on data collected of 40 CFR Part	ted through analy t 136 and other a	sis conducted using oppropriate QA/QC rec	40 CFR Part 136 juirements for
testing required by th	ne permitting au his section. All i n, this data must r analytes not a	information reported to comply with QAM ddressed by 40 C	ed must be ba QC requireme FR Part 136.	sed on data collecents of 40 CFR Par At a minimum, eff	ted through analy t 136 and other a	sis conducted using oppropriate QA/QC rec	40 CFR Part 136 juirements for
testing required by the sewer overflows in the methods. In addition standard methods for pollutant scans and re	ne permitting autilis section. All in this data must ranalytes not a must be no mon	nformation reported to comply with QA/6 ddressed by 40 C e than four and or MUM DAILY	ed must be ba QC requireme FR Part 136. ne-half years o	sed on data collecents of 40 CFR Par At a minimum, eff	ted through analy t 136 and other a luent testing data	sis conducted using oppropriate QA/QC rec	40 CFR Part 136 juirements for
testing required by the sewer overflows in the methods. In addition standard methods for pollutant scans and re Outfall Number:	ne permitting autilis section. All in this data must ranalytes not a must be no mon	nformation reported to comply with QA/0 ddressed by 40 C e than four and or	ed must be ba QC requireme FR Part 136. ne-half years o	sed on data collectints of 40 CFR Par At a minimum, effold.	ted through analy t 136 and other a luent testing data	sis conducted using oppropriate QA/QC rec	40 CFR Part 136 juirements for
testing required by the sewer overflows in the methods. In addition standard methods for pollutant scans and report outfall Number:	e permitting autis section. All in this data must ranalytes not a must be no more MAXII DIS Conc.	nformation reported to comply with QA/ddressed by 40 Ce than four and or MUM DAILY SCHARGE Units	ed must be ba QC requireme FR Part 136. ne-half years of  AVE	sed on data collections of 40 CFR Par At a minimum, effold.	ted through analy t 136 and other a luent testing data  CHARGE  Number of	sis conducted using oppropriate QA/QC recommust be based on at ANALYTICAL	40 CFR Part 136 quirements for least three
testing required by the sewer overflows in the methods. In addition standard methods for pollutant scans and report of the methods for pollutant	e permitting autis section. All in this data must ranalytes not a must be no more MAXII DIS Conc.	nformation reported to comply with QA/ddressed by 40 Ce than four and or MUM DAILY SCHARGE Units	ed must be ba QC requireme FR Part 136. ne-half years of  AVE	sed on data collections of 40 CFR Par At a minimum, effold.	ted through analy t 136 and other a luent testing data  CHARGE  Number of	sis conducted using oppropriate QA/QC recommust be based on at ANALYTICAL	40 CFR Part 136 quirements for least three
testing required by the sewer overflows in the methods. In additional standard methods for pollutant scans and reconstruction.  Outfall Number:  POLLUTANT  CONVENTIONAL AND NO AMMONIA (as N)  CHLORINE (TOTAL	ne permitting autis section. All in this data must ranalytes not a must be no more MAXII DIS Conc.	nformation reported to comply with QA/ddressed by 40 C e than four and or MUM DAILY CCHARGE Units  NAL COMPOUND	ed must be ba QC requireme FR Part 136. ne-half years of  AVE  Conc.	sed on data collections of 40 CFR Part At a minimum, effold.  RAGE DAILY DISC	ted through analy t 136 and other a luent testing data  CHARGE  Number of Samples	sis conducted using oppropriate QA/QC recommust be based on at ANALYTICAL	40 CFR Part 136 quirements for least three
testing required by the sewer overflows in the methods. In additional standard methods for pollutant scans and report of the conventional number:  POLLUTANT  CONVENTIONAL AND NOTAMMONIA (as N)  CHLORINE (TOTAL RESIDUAL, TRC)	me permitting aurals section. All in this data must ranalytes not a must be no mon MAXII DIS Conc.	nformation reported to comply with QA/ddressed by 40 Ce than four and or MUM DAILY CHARGE Units  NAL COMPOUND	AVE Conc.  14.25	sed on data collections of 40 CFR Part At a minimum, effold.  RAGE DAILY DISCURITES  Units	ted through analy t 136 and other a luent testing data  CHARGE  Number of Samples	sis conducted using oppropriate QA/QC recommust be based on at ANALYTICAL	40 CFR Part 136 quirements for least three
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END OF PART B.

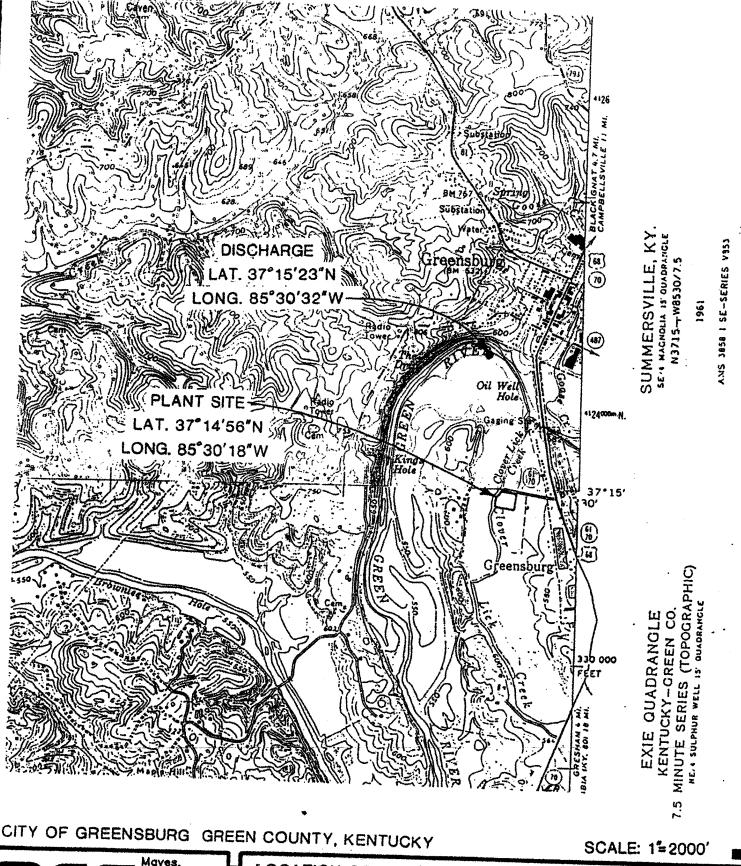
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

A YOU MUST COMPLETE

BASIC APPLICATION INFORMATI	ON				
PART C. CERTIFICATION					
All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have complete all sections that apply to the facility for which this application is submitted.					
Indicate which parts of Form 2A you have con	mpleted and are submitting:				
_x Basic Application Information packet	Supplemental Application Information packet:				
	Part D (Expanded Effluent Testing Data)				
	Part E (Toxicity Testing: Biomonitoring Data)				
	Part F (Industrial User Discharges and RCRA/CERCLA Wastes)				
	Part G (Combined Sewer Systems)				
ALL APPLICANTS MUST COMPLETE THE FOLLOW	WING CERTIFICATION.				
designed to assure that qualified personnel properly g who manage the system or those persons directly res	all attachments were prepared under my direction or supervision in accordance with a system pather and evaluate the information submitted. Based on my inquiry of the person or persons ponsible for gathering the information, the information is, to the best of my knowledge and there are significant penalties for submitting false information, including the possibility of fine				
Name and official titleGeorge "Lisle" Ch	eathern Mayor				
Signature Juny	pealling, =				
Telephone number 270-932-4298					
Date signed <u>8/2/</u>	12008				
Upon request of the permitting authority, you must su treatment works or identify appropriate permitting requ	bmit any other information necessary to assess wastewater treatment practices at the uirements.				

SEND COMPLETED FORMS TO:

GREENBBURG WASTEWATER TREATMENT PLANT PROCESS SCHEMATIC



Mayes,
Sudderth
& Etheredge,
Inc.

ione: [606]223-5694

P.O. Box 24868 Lendrigton, Ky. 40524 LOCATION OF WASTEWATER TREATMENT FACILITY
AND DISCHARGE POINT MAP

SOURCE: U.S. GEOLOGICAL SURVEY TOPOGRAPHICAL MAP

GREEN RIVER DISCHARGE

DATE: APRIL 1996